

FOREIGN TRAVEL REQUEST FORM

Notice: The below information is protected by provisions of the Privacy Act, 5 U.S.C. 522a. You are hereby advised that authority for soliciting your Social Security Number (SSAN) is Executive Order 9397. Your SSAN will be used to identify you precisely when it is necessary to certify that you have access to the information indicated below. Although disclosure is not mandatory, your failure to do so may impede certification or determinations.

This form will be filed in your SCI personnel folder.

- ☐ Official Travel
☐ Unofficial Travel

PART I - PERSONAL INFORMATION

| | | | |
|---|------------|------------------------------|-------------------------------|
| SSAN: | _____ | E-mail Address: | _____ |
| Last Name: | _____ | First Name: | _____ MI: _____ Suffix: _____ |
| Passport No.: | _____ | Visa No./Country: | _____ |
| Office Phone No.: | _____ | Secure: | _____ |
| Office Address: | _____ | | |
| Street: | _____ | City: | _____ State: _____ |
| Company Name: | _____ | | |
| Government Organization: | _____ | Government Office/Component: | _____ |
| Security Officer Name: | _____ | | |
| Security Officer Phone No: | _____ | | |
| Non-Secure: | _____ | Secure: | _____ Fax: _____ |
| Names of other family members traveling with you: | | | |
| Last Name | First Name | MI | Relationship |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PART II - ITINERARY OVERVIEW

| Countries to be Visited | Major Cities | Date From | Date To |
|-------------------------|--------------|-----------|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

PART III - TRAVEL INFORMATION

Please provide specific information for each destination of travel using additional paper if needed. A new Travel Information page must be completed for each destination to be visited.

Country Details:

Country: _____ City: _____
Date From: _____ Date To: _____

1. Mode of Transportation (check all that apply)

- ☐ Plane Carrier: _____ Flight No(s): _____
☐ Cruise Cruise Line: _____ Cruise No: _____
Ship Name: _____ Country of Registry: _____
- ☐ Train
☐ Rental Car
☐ GOV
☐ POV
☐ Boat
☐ Other: _____

2. Reason for Travel (check all that apply)

- ☐ Program Travel
☐ Company Travel
☐ Other Business
☐ Vacation
☐ Other: _____

3. Accommodations/Lodging

Name/Place: _____ Room No. (if known): _____
Phone No.: _____
Address: _____

4. Are you traveling to this location with a foreign national? ☐ Yes ☐ No If "Yes", list below:

| Name of Foreign National | Nature of Association (Business associate, relative, friend, etc.) | Full Address | Citizenship |
|--------------------------|--|--------------|-------------|
| | | | |
| | | | |
| | | | |

5. Do you anticipate planned contacts with foreign governments, companies, or citizens upon your arrival at this location? ☐ Yes ☐ No If "Yes", list below:

| Name of Company or Individual | Nature of Association (Business associate, relative, friend, etc.) | Full Address | Citizenship |
|----------------------------------|--|--------------|-------------|
| | | | |
| | | | |
| | | | |

6. Are you traveling with any dependents? * ☐ Yes ☐ No If "Yes", how many? _____

* This information is requested to account for you and your dependents in the event of an emergency.

PART IV – EMERGENCY POINT OF CONTACT

Please provide the requested information for a domestic point of contact not traveling with you.

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Relationship: _____

Phone No.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

PART V – ADDITIONAL COMMENTS

PART VI – DEFENSIVE TRAVEL BRIEFING ACKNOWLEDGEMENT

Please read the Defensive Travel Briefing on page 13 of this guide and review the Department of State's web site at <http://www.state.gov/countries/> for information and warnings about the locations you plan to travel to.

I have read and understand the Defensive Security Briefing. I have also reviewed applicable Department of State information concerning the locations I plan on traveling to. I will report to the Security Officer the first duty day after my return to complete the Post Travel Questionnaire and report any reportable incidents appropriately.

Signature of Traveler: _____

Date: _____

PART VII – SECURITY OFFICER REVIEW

Based on a review of this individual's current assignment and sensitive agency access, this proposed travel ☐ **WILL** ☐ **WILL NOT** present a risk to sensitive information, activities, or projects of which this individual has knowledge of.

Security Officer Remarks:

PROPOSED TRAVEL IS APPROVED

PROPOSED TRAVEL IS NOT RECOMMENDED AT THIS TIME

- Attach Dept of State Travel Warning(s) if applicable

Additional information why proposed travel is not recommended:

Security Officer's Information:

Printed Name of Security Officer

Date

Title

Organization

Signature

JPAS Entry Completed by / Filed by:

Printed Name: _____
(Last) (First) (MI)

Date: _____

PART VIII – POST TRAVEL QUESTIONNAIRE

(Fill out this portion of the form after you've returned from your travel)

Please attach additional sheets if detailed narratives are required.

1. Were any problems encountered at the time of arrival or departure from the foreign country? ☐ YES ☐ NO
2. Did you have any unusual experiences while traveling to include harassment, suspected surveillance, detention, unusual customs inspection, searches of hotel room or trash, listening devices found, telephone monitoring, etc.? ☐ YES ☐ NO
3. Any travel restrictions imposed by the country during the visit? Were any abrupt changes made to the itinerary? ☐ YES ☐ NO
4. Were any probing inquiries made relative to traveler's job, duties, studies, and/or company or organization? (If yes, complete Foreign Contact Questionnaire.) ☐ YES ☐ NO
5. Any blatant indication of possible approach/efforts to compromise by foreign intelligence service? ☐ YES ☐ NO
6. Did traveler meet a foreign national who requested future contact? (If yes, complete Foreign Contact Questionnaire.) ☐ YES ☐ NO
7. Has the traveler been debriefed by any other agency or official? (If yes, please list.) ☐ YES ☐ NO
Name: _____
8. Was the traveler a victim of a criminal act? Was the traveler detained or arrested? Did the traveler witness any acts that may be considered terrorist like? Was the traveler approached by anyone offering to exchange currency? ☐ YES ☐ NO
9. Did the traveler lose/misplace any official materials or personal luggage? Did the traveler take any personal pictures of foreign government, military installations, or equipment? Were you hospitalized during the trip? Did the traveler check in and out with the local embassy or consulate? ☐ YES ☐ NO
10. What is the traveler's opinion of the briefing received prior to travel? Any suggestions for improvement?

Comments/Other Details:

Signature of Traveler

IX – FOREIGN CONTACT QUESTIONNAIRE

(Fill out this portion of the form after you've returned from your travel, if applicable)

Please attach additional sheets if detailed narratives are required.

Name of Contact (Last, First, Middle): _____ ☐ Male ☐ Female

Citizenship of Contact: _____ Date(s) of Contact: _____

Contact's Rank: _____ Organization or Affiliation of Contact: _____

Place(s) Where Contact Occurred: _____

Were you:

- | | | |
|------------------------|------------------------------|-----------------------------|
| - Traveling alone? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - In a business group? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - With friends? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - In a tour group? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - With family? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

1. How was contact initiated? Were you the only person contacted?

2. If attending a foreign conference, were you invited, if so, by whom?

3. Were any problems or unusual events encountered at the time of arrival, departure, or during travel? ☐ YES ☐ NO

4. What were the topics of discussion with the contact?

5. Did the contact ask about any specific technology or technological field? ☐ YES ☐ NO

6. Did the contact ask about any specific government operation, military operation, or government or military organizations? ☐ YES ☐ NO

7. Did the contact ask questions about another person? ☐ YES ☐ NO

8. Was future contact suggested? ☐ YES ☐ NO

9. Did you exchange business cards, telephone numbers, email addresses, or addresses? ☐ YES ☐ NO

10. Did the contact provide you or a member of your family a gift, offer to pay for anything or arrange special treatment for you or your family? ☐ YES ☐ NO

11. Did the contact offer any personal information about them self? ☐ YES ☐ NO

12. Did you lose or misplace anything during the travel? ☐ YES ☐ NO

13. Did you find anything that was not claimed, that you kept? ☐ YES ☐ NO

14. Were you a victim of a criminal act or were you arrested or detained during the travel? ☐ YES ☐ NO

15. Did you take any photographs of the contact or places visited? ☐ YES ☐ NO

16. Did the contact or someone else take any pictures of you/your group? ☐ YES ☐ NO

17. Were you hospitalized or did you seek medical treatment during the travel? ☐ YES ☐ NO

18. Did you visit the contact's home or business? ☐ YES ☐ NO

19. Did you visit a foreign diplomatic person or place during the travel? ☐ YES ☐ NO

20. Were you, or was your baggage or accommodations, searched during the travel? ☐ YES ☐ NO

21. Do you have family or friends that live in the contact's country? ☐ YES ☐ NO

22. Did the contact provide any additional personal information about you that was not in your official biography? ☐ YES ☐ NO

23. Did the contact introduce any material/objects into the meeting area, which were later removed/replaced or resituated? ☐ YES ☐ NO

24. Was English the only language spoken during the meeting? ☐ YES ☐ NO

25. Were handouts in English only? ☐ YES ☐ NO

26. Were computers utilized during the conference/meeting? Were programs loaded on your personal/government computer? ☐ YES ☐ NO

Comments/Other Details:

Signature of Traveler